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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/645145
		Filing Date	8-22-2003
		First Named Inventor	Richard J. Rude
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Richard J. Rude		
Signature			
Date	9-11-2003		

CERTIFICATE OF TRANSMISSION/MAILING

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SH

September 17, 2003

Mail Stop Patent Application
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Re: Application Number: 10/645145, Filing date 8/22/2003

Dear Sir or Madam,

Attached please find the documents to add additional claims to an existing patent application. Enclosed is the original specification with the addition of claims 6-17 whereas the original patent application contained claims 1-5.

Regards,


Richard J. Rude
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